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CONFIRMATION NO. 4355

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/813,603 | 03/31/2004 RULE | 709 | 2616 | 014.0037 (02798.0006NPUS) | | |
| APPLICANTS George F. Elmasry, North Attleboro, MA; C. John McCann, Needham, MA; ** CONTINUING DATA ***** This appln claims benefit of 60/459,231 03/31/2003 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/15/2004 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/RAJ K JAIN/</u> Examiner's Signature | | <input type="checkbox"/> Met after Allowance <u>/RJ/</u> Initials | STATE OR COUNTRY MA | SHEETS DRAWINGS 10 | TOTAL CLAIMS 26 | INDEPENDENT CLAIMS 4 |
| ADDRESS INGRASSIA FISHER & LORENZ, P.C. 7150 E. CAMELBACK, STE. 325 SCOTTSDALE, AZ 85251 UNITED STATES | | | | | | |
| TITLE Call admission control/session management based on N source to destination severity levels for IP networks | | | | | | |
| FILING FEE RECEIVED 1116 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |